# **Defense Economic Adjustment Assistance Grant Application**

The Defense Economic Adjustment Assistance Grant was created by the 75<sup>th</sup> Legislature (SB 227) and was codified in Chapter 486 of the Texas Government Code. The purpose of the program is to provide state funding for acquiring federal grant assistance or for sharing in the cost of redevelopment of communities that have been adversely or positively affected by the Base Realignment and Closure Act or Department of Defense reduction or loss of funding. Preference will be given to projects that leverage federal funds and/or create or retain jobs. The application establishes eligibility for the program and provides the approving authority information necessary to evaluate the project.

#### Applications must be received by 5:00 CST Friday, October 29, 2010

#### **Project Summary**

Name of Grant Applicant:				
Short Title of Project or Purpose of Grant:				
<b>Point of Contact</b>	Information			
Name: Address: City: State: Zip Code: Telephone: Fax: Email:				
, a	Project to be Funded:			
Funding Sources		Total Dollar Amount of Project	Percentage Share of Project	
Requested amount of Defense Economic Adjustment Assistance Grant				
Assistance Requested from Federal Agencies				
Assistance from Other Sources				
<b>Local Community Funding</b>				
Note:	If required information is no the directions if application of	ot available, or if the question is inappelarification is required.	olicable, enter 'N/A'. Refer to	

## **Project Summary Continued**

Projected Numbers					
Number of Direct Jobs Created: Number of Indirect Jobs Created: Number of Direct Jobs Retained: Number of Indirect Jobs to be Retained:					
Detailed Description of the Project:					

## **Eligibility Certification**

Basis of Eligibility	(Check all that apply)			
☐ The proposed o	or actual establishment, realignment, or closure of a defense facility			
☐ The proposed or actual establishment, realignment, or closure of a military facility				
☐ The proposed or actual establishment, realignment, or closure of a reserve facility				
	Loss of 2,500 or more defense worker jobs in a municipality or county that is located in an urbanized area of a Metropolitan Statistical Area (MSA)			
· ·	Loss of 1,000 or more defense worker jobs in a municipality or county outside an urbanized area of a Metropolitan Statistical Area (MSA)			
$\square$ Loss of defense	worker jobs representing one percent or more of the jobs in a municipality or county			
	itary missions, including personnel gain at a local military installation, within a municipality or oult of a Department of Defense Base Realignment and Closure action			
Summary of Event	s (Describe all That Apply Below)			
Significant reduction employee job losses	ons, realignments or closures that resulted in, or will result in, defense (or defense contract) s:			
Significant increases in military and/or defense missions and/or personnel that resulted in, or will result in, defense (or defense contract) employee gain:				
Note:	Documentation must be included with the application. Failure to provide documentation adequate to determine eligibility for the program will result in return of the application without further review.			

#### **Impact Statement**

Area Economic I	mpact			
			oyment numbers beginning nost recent year available.	two (2) years prior to
Year	Total Number Within MSA	of Jobs Within County	Unemployment Within MSA	Rate Within County
Area Employmen	t Impact			
	cent Bureau of Economic economy over a two (2) ye		nent of Commerce) data, pro	vide information on
Year	Ci Per Capit		County Per Capita Inc	come
	of defense worker jobs and or is predicted to occur.	nd the impact of job loss	on the total employment in t	he applicant's area
	act of the gain in mission using, transportation, infr		ary or defense facility and co	ommunity. Describe
Provide details re awarded, grant p		rior DEAAG funds your	organization has received (a	mount, when

## **Project Description**

Federal Match Grant			
Summarize the use of the Defense Economic Adjustment Assistance Grant in obtaining federal funding and attach a copy of the completed Application for Federal Assistance (Standard Form 424) or a copy of other federal assistance applications. A federal award letter, MOU, or agreement must be provided before the release of state grant funds.			
☐ DoD Property Purchase			
Describe the real or personal property to be purchased from the Department of Defense. Include general description of buildings and a map of property to be purchased accompanied by a copy of conveyance documents (if appropriate) or a summary of conveyance negotiations.			
☐ Purchase of Capital Equipment			
Describe the capital equipment to be purchased and its use.			
☐ Purchase of Insurance			
Describe the insurance to be purchased including type and coverage limits.			

#### **Project Description Continued**

1 Toject Description Continued				
☐ New Construction, Rehabilitation or Renovation of Facilities or Infrastructure				
Describe the use of the facility or infrastructure t	to be constructed	or replaced, reha	bilitated or renov	ated.
Projec	ct Expense E	stimate		
Expense Item		Amount of Expen	se By Fiscal Year	
Dapense Rem	FY 2010	FY 2011	FY 2012	Total
Administrative Expense				
Land Structure, ROW, Easement Acquisition				
Relocation & Costs Incidental to Acquisition				
A/E Fees & Inspections				
Demolition				
Construction				
Capital Equipment				
Insurance				
Contingencies				
Matching funds from Federal Award				
Total Project Cost				
Additional Remarks:				

## **Project Funding Sources**

Funding Type	Specific Source Name	Amount of Funding by Fiscal Year			
		FY 2010	FY 2011	FY 2012	Total
Federal Funding					
State Funding					
Defense Economic	Texas Military				
Adjustment Assistance Grant	Preparedness Commission				
Local Funding	T				
Other Funding					
Total Funding					

#### Certification

Adjustment A representative,	ssistance Grant Application the applicant author or contact 486 of the Texas Governme	formation contained in this Defense Economic n is true and correct and the authorized tact person and the project administrator have nt Code and are familiar with the provisions
Governing Body Representative (Please Print)		Applicant Contact Person (Please Print)
Governing Body Representative (Sign)		Applicant Contact Person (Sign)
Title		Title
	Date	Date
Mail Application To:	Texas Military Preparedness Commission P.O. Box 12428 Austin, TX 78711-2428	